



SUFFOLK COUNTY COMPTROLLER

John M. Kennedy, Jr.

DIVISION OF FINANCE AND TAXATION

330 CENTER DRIVE • RIVERHEAD, NY 11901-3311

Phone: (631) 852-1500 • Fax: (631) 852-2752

Suffolk County Hotel/Motel Tax Return

(Pursuant to Chapter 523, Article II of the Suffolk County Code)

Please Note: This return must be filed whether or not there is tax to be remitted.

FACILITY NAME _____

NYS Sales Tax ID #, FED EIN #, or SS #

ADDRESS _____

Make remittance payable to:
Suffolk County Comptroller
and mail to the above address with this form.

HMT ID # _____

PAYMENT SCHEDULE

QUARTER

DUE DATE

- ☐ 1. December 1 – February 28/29..... March 20
- ☐ 2. March 1 – May 31..... June 20
- ☐ 3. June 1 – August 31..... September 20
- ☐ 4. September 1 – November 30..... December 20

**Payment must be
postmarked
on/before the due
date to avoid
penalty & interest**

ESTABLISHMENT TYPE: Hotel ☐ Motel ☐ B&B ☐ Guesthouse ☐ Other _____
Describe

BUSINESS ACTIVITY: If seasonal, indicate season: _____

For **FINAL PAYMENT**, check the **FINAL** box, enter date sold, new owner's name and address and return your Certificate of Authority with this form.

☐ **FINAL** Date Sold _____ New Owner's Name _____ Address _____

COMPUTATION OF TAX

1. Gross Income from Occupancy of Rooms..... \$ _____
2. Taxable Room Rentals..... _____
3. Less: Refunds or Other Credits..... _____
4. Net Taxable Room Rentals..... _____
5. Tax Due (3% of line4)..... _____
6. Penalties and Interest (**see explanation below)..... _____
7. Excess Tax Collected (if applicable)..... _____
8. Less: Prior Overpayment or Credit _____
9. Total Due for Quarter (Total of lines 5 through 8) _____
10. Amount Paid with this Return _____

**** File this return with the tax due within 20 days after the period covered by the return to avoid the imposition of a 10% penalty for late filing and 1% interest for each month or fraction thereof that payment is delinquent commencing 30 days after the filing date.**

CERTIFICATION OF TAXPAYER:

I hereby certify that this report is true and complete to the best of my knowledge:

Signed _____ Date _____

Name _____ Title _____

For Office Use Only

CR # _____

CR Date _____

CK # _____

PM Date _____